

# FEDERAL/STATE PROGRAM ANNUAL FINANCIAL REPORT

Return to: \_\_\_\_\_  
 Nevada Department of Education  
 700 East Fifth Street  
 Carson City, Nevada 89701

1. Agency/School District \_\_\_\_\_ 2. Date \_\_\_\_\_
3. Federal ☐ State ☐ Program \_\_\_\_\_
4. Project Title \_\_\_\_\_
5. Project Number \_\_\_\_\_
6. FY \_\_\_\_\_ 7. Approved Date \_\_\_\_\_ 8. Funds Approved \$ \_\_\_\_\_
9. Carryover Funds From Previous Fiscal Year (LEA Cash-on-Hand) \$ \_\_\_\_\_
10. Revenue Generated by the Project \$ \_\_\_\_\_
11. Funds Received During Current Fiscal Year:

<u>Date</u>	<u>Amount</u>	<u>Date</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

12. Total Funds Received During Current Fiscal Year \$ \_\_\_\_\_
13. Total Funds Available and Accounted for, (#9, #10 and #12) \$ \_\_\_\_\_
14. Total Funds Expended (must equal GRAND TOTAL – Page 2) \$ \_\_\_\_\_
15. Net Cash-on-Hand (unexpended balance), #13 minus #14 \$ \_\_\_\_\_

I certify that all information recorded  
 herein is true, complete and correct,  
 to the best of my knowledge and belief.

Signed \_\_\_\_\_  
 Authorized Signature

DEPARTMENT OF EDUCATION USE ONLY					
Common Accounting Number	Amount Approved	Amount Received	Amount Expended	Unexpended Balance	Disposition Unexpended Balance *

\*Disposition Code: COH = Carryover RTD = Return Amount to NDE NA = Not Applicable  
 Distribution: Fiscal Services \_\_\_\_\_ Team \_\_\_\_\_ Other: (Specify) \_\_\_\_\_

NDE OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_